

Care Together Programme Update

1st October 2015



Tameside and Glossop Case for Change

250,000 people live in Tameside & Glossop

By 2018, funding to the local health and social care system will fall short of the demands to be placed upon it by approximately £75m annually

We have some of the worst health indicators and inequalities in the country:

- 64% of our electoral wards are in the highest 10% in terms of economic and social deprivation, which has a direct correlation with the health of local people.
- Both women and men die c.2 years younger than the national averages
- Circulatory diseases including heart disease are the commonest cause of early death and rates are 55% higher than the national average
- Premature death through lung cancer is 54% higher than the national average
- Healthy Life expectancy is 57 years

Complex Health and Social Care System

- Public Health and social care services are provided by two different Councils; Tameside and Derbyshire
- Responsibility for funding, organising and managing GP services is split between the CCG and NHS England, a national organisation.
- Pharmacy, Dental and Optometry Services are all funded by NHS England
- The community services operating across Tameside and Glossop are currently managed by Stockport Hospital
- Our local mental health services are managed by a specialist Mental Health Foundation Trust
- Hospital services are delivered by Tameside Hospital Foundation Trust
- Some specialist services are provided to our residents by hospitals located in Stockport, Oldham and Central Manchester
- BUT significant opportunities through our previous work , geography and Devolution

Developing the concept

All parties recognised 'doing nothing' was not an option

We need to bring together social, primary, community and hospital services to provide an integrated care system which provides;

- A focus on wellness and preventing illness
- Supporting people to manage their own health and make healthy choices
- Support people as far as possible in their own homes and communities
- Accessible, high quality general practice
- Ensure a safe, effective local hospital which works in partnership with neighbouring hospitals to ensure consistent, optimum health care for all in need

Wide recognition that we need to focus on the wider public health system if we are going to close the gap

Current position

Contingency Planning Team Report (CPT) published which outlines proposed new model of integrated care;

- Local community care teams who co-ordinate all care being provided to residents and therefore ensuring high quality, responsive services
- New Urgent Care Service which brings together all intensive support services e.g.; A&E, rapid response teams, step up/step down intermediate care
- Tameside Hospital remains with an A&E, maternity and elective services although a reduction in medical beds due to improved prevention of illness and the shift of care into localities

Tameside Hospital Foundation Trust formally out of Special Measures; really positive and significant step.

Timeline for progress

Boards of all 3 “parent” organisations agreed on 23rd September 2015;

- Formally welcomed and accepted recommendations within CPT
- Agreed an integrated system of health and social care is the best way to ensure improved health and social care outcomes
- Decided THFT will transform into a new organisation able to deliver this
- Agreed how we will work together to ensure we collectively make this happen (our strategic principles)

Key milestones;

1 st January 2016;	Start of Joint Commissioning function
1 st April 2016;	Shadow Integrated Care Organisation
1 st April 2017;	Legal Integrated Care Organisation